

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000009002

**Entity Name:** ELEYAL, LLC

**Current Principal Place of Business:**

21382 MARINA COVE CIRCLE  
SUITE D13  
AVENTURA, FL 33180

**Current Mailing Address:**

P.O. BOX 1516  
HALLANDALE BEACH, FL 33008 US

**FEI Number:** 74-3203068

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLUM, RAPHAEL  
21382 MARINA COVE CIRCLE  
SUITE D13  
AVENTURA, FL 33180 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name BLUM, RAPHAEL  
Address 21382 MARINA COVE CIRCLE, SUITE D13  
City-State-Zip: AVENTURA FL 33180  
  
Title MGR  
Name COHEN, RAMI  
Address 189 WINDWATCH DRIVE  
City-State-Zip: HAPPAUGE NY 11788

Title MGR  
Name BLUM, RACHEL  
Address 21382 MARINA COVE CIRCLE, SUITE D13  
City-State-Zip: AVENTURA FL 33180  
  
Title MGR  
Name COHEN, AVIVA  
Address 189 WINDWATCH DRIVE  
City-State-Zip: HAPPAUGE NY 11788

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RAPHAEL BLUM

MGR

01/16/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date